

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Dr. Magdalene J. Lewis
Name

(2) 2600 Northwest 16th Street
Address (number and street)
Fort Lauderdale, Florida 33311
City, State, Zip Code

OFFICE USE ONLY

2009 FEB 19 PM 5:31

CITY CLERK

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought):

Commissioner, District 3

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 07 / 09 To 02 / 20 / 09 Report Type TR

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,373.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,373.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,825.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,825.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Roderick Harvey

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

Roderick Harvey
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Dr. Magdalene J. Lewis

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

Magdalene J. Lewis
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Dr. Magdalene J. Lewis

(2) I.D. Number _____

(3) Cover Period 02 / 07 / 09 through 02 / 20 / 09

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
02/19/09	Dr. Magdalene J. Lewis 2600 NW 16th Street Ft. Lauderdale, Florida 33311	Reimburse Loan	DIS		800.00
05					
02/19/09	Dr. Magdalene J. Lewis 2600 NW 16th Street Ft. Lauderdale, Florida 33311	Reimburse Campaign Expenses	DIS		573.00
06					
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